


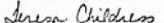


REFERENCE NO.	LICENSE NO.	DATE PAID	LICENSE YEAR	SIC CODE	CODE REFERENCE & DESCRIPTION
727134	320684	8/4/2014	2014-2015	722211	068A AMUSEMENT/MEMBERSHIP/ADM 071 BILLIARDS 107 RESTAURANT 108A RETAIL 110 SERVICE BUSINESS 112 SUNDRIES
 <p>PRIVILEGE LICENSE CITY OF GREENSBORO DISPLAY IN A PROMINENT PLACE</p> <p>THIS CERTIFIES: VISIONS ENTERTAINMENT COMPLEX LOCATED: 4927-3000 W MARKET ST HAS PAID LICENSE TAXES AS INDICATED. EXPIRATION DATE: 06/30/2015</p> <p>VISIONS ENTERTAINMENT COMPLEX RIO SPORTS RESTAURANT & LOUNGE INC T/A 4927 WEST MARKET ST #3000-B GREENSBORO, NC 27407</p>					<p>DUPLICATE IMPORTANT INFORMATION – SEE REVERSE SIDE</p> <p><i>Jessie Childress</i> TAX COLLECTOR</p>
<p>THIS LICENSE MUST BE KEPT POSTED AT A PLACE WHERE BUSINESS IS CARRIED ON.</p>					

REFERENCE NO.	LICENSE NO.	DATE PAID	LICENSE YEAR	SIC CODE	CODE REFERENCE & DESCRIPTION
727134	309138	5/1/2014	2014-2015	722211	066A BEER ON/OFF PREMISES 066B WINE ON/OFF PREMISES
 <p>PRIVILEGE LICENSE CITY OF GREENSBORO DISPLAY IN A PROMINENT PLACE</p> <p>THIS CERTIFIES: VISIONS ENTERTAINMENT COMPLEX LOCATED: 4927-3000 W MARKET ST HAS PAID LICENSE TAXES AS INDICATED. EXPIRATION DATE: 04/30/2015</p> <p>VISIONS ENTERTAINMENT COMPLEX RIO SPORTS RESTAURANT & LOUNGE INC T/A 4927 WEST MARKET ST #3000-B GREENSBORO, NC 27407</p>					<p>DUPLICATE IMPORTANT INFORMATION – SEE REVERSE SIDE</p> <p><i>Jessie Childress</i> TAX COLLECTOR</p>
<p>THIS LICENSE MUST BE KEPT POSTED AT A PLACE WHERE BUSINESS IS CARRIED ON.</p>					

REFERENCE NO.	LICENSE NO.	DATE PAID	LICENSE YEAR	SIC CODE	CODE REFERENCE & DESCRIPTION
727134	300463	10/11/2013	2013-2014	722211	068A AMUSEMENT/MEMBERSHIP/ADM 071 BILLIARDS 107 RESTAURANT 108A RETAIL 110 SERVICE BUSINESS 112 SUNDRIES
 <p>PRIVILEGE LICENSE CITY OF GREENSBORO DISPLAY IN A PROMINENT PLACE</p> <p>THIS CERTIFIES: VISIONS ENTERTAINMENT COMPLEX LOCATED: 4927-3000 W MARKET ST HAS PAID LICENSE TAXES AS INDICATED. EXPIRATION DATE: 06/30/2014</p> <p>VISIONS ENTERTAINMENT COMPLEX RIO SPORTS RESTAURANT & LOUNGE INC T/A 4927 WEST MARKET ST #3000-B GREENSBORO, NC 27407</p>					<p>DUPLICATE IMPORTANT INFORMATION – SEE REVERSE SIDE</p> <p><i>Jessie Childress</i> TAX COLLECTOR</p>
<p>THIS LICENSE MUST BE KEPT POSTED AT A PLACE WHERE BUSINESS IS CARRIED ON.</p>					

REFERENCE NO.	LICENSE NO.	DATE PAID	LICENSE YEAR	SIC CODE	CODE REFERENCE & DESCRIPTION
727134	287492	4/30/2013	2013-2014	722211	066A BEER ON/OFF PREMISES 066B WINE ON/OFF PREMISES
<div><p>PRIVILEGE LICENSE CITY OF GREENSBORO DISPLAY IN A PROMINENT PLACE</p><p>THIS CERTIFIES: VISIONS ENTERTAINMENT COMPLEX LOCATED: 4927-3000 W MARKET ST HAS PAID LICENSE TAXES AS INDICATED. EXPIRATION DATE: 04/30/2014</p><p>VISIONS ENTERTAINMENT COMPLEX RIO SPORTS RESTAURANT & LOUNGE INC T/A 4927 WEST MARKET ST #3000-B GREENSBORO, NC 27407</p></div>					<p>DUPLICATE</p> <p>IMPORTANT INFORMATION – SEE REVERSE SIDE</p> <div> THIS LICENSE MUST BE KEPT POSTED AT A PLACE WHERE BUSINESS IS CARRIED ON.</div> <div> TAX COLLECTOR</div>

2/17/2015

City Of Greensboro
Privilege License

P.O. BOX 26118, GREENSBORO, NC 27402-6118
(336) 373-2501

Reference #: 727134

Status: R

Bus. Trade Name: VISIONS ENTERTAINMENT COMPLEX

Corporation Name: RIO SPORTS RESTAURANT & LOUNGE INC T/A

Business Type: Corporation

Local Address: 4927-3000 W MARKET ST GREENSBORO, NC 27407

Mailing Address: 4927 WEST MARKET ST #3000-B GREENSBORO, NC 27407

Licenses	Type	Year	Date
20142015 -320684	Regular	2014/2015	08/04/2014
20142015 -309138	Beer/Wine	2014/2015	05/01/2014
20132014 -300463	Regular	2013/2014	10/11/2013
20132014 -287492	Beer/Wine	2013/2014	04/30/2013

Type	Name
Owner	JACQUELINE ROBINSON
Contact	MICHELLE DANIEL
Contact	JACQUELINE ROBINSON

Business Phone: (336) 763-0719

Business Start Date: 10/12/2011

Business Activity: RESTAURANT/EATING PLACES

Collections: Privilege License

Business > Comments**Lic #:** 263366

...

Close**Reference #:** 727134**License #:** 263366**Business Name:** VISIONS ENTERTAINMENT COMPLEX

Date	Subject	User
1/5/2015 9:41 AM	<u>RECEIVED LETTER FROM COMPANY'S ATTORNEY</u>	ROWEA
** RECEIVED LETTER FROM LAW OFFICE OF WILLIAM E WEST JR REPRESENTING THIS BUSINESS STATING ALTHOUGH THE BUSINESS IS CURRENTLY IN CIVIL LITIGATION IN GUILFORD COUNTY THE BUSINESS WISHSES TO HAVE ALL LICENSES REMAIN PAID AND ACTIVE AND THERE SHOULD BE NO OTHER BUSINESS LICENSES ISSUED AT BUSINESS ADDRESS WILL FILE WITH TODAYS WORK.		
4/29/2013 11:33 AM	<u>INFORMATION REQUESTED</u>	AMOSS
** FAXED INFORMATION TO 626-799-9795 TODAY INSTEAD OF MAILING.		
4/29/2013 11:30 AM	<u>INFORMATION REQUESTED</u>	AMOSS
** RECEIVED REQUEST BY LETTER FROM THE LAW OFFICE OF THOMAS P RILEY REGARDING INFORMATION AS OF 6/9/2012 FOR THIS BUSINESS. MAILED BUSINESS INFORMATION SCREEN TODAY AND FILING LETTER WITH TODAYS PAYMENTS.		
4/3/2013 3:50 PM	<u>BEER/WINE RENEWAL</u>	AMOSS
** BEER/WINE RENEWAL CAME BACK FROM THE POST OFFICE STATING MOVED LEFT NO ADDRESS. JOANN AND I HAVE RESEARCHED WATER RECORDS, GOOGLE AND CLEAR TO FIND ANOTHER MAILING ADDRESS BUT WAS UNABLE TO LOCATE ANY ADDITIONAL INFORMATION. ALSO CALLED BUSINESS PHONE NUMBER BUT RECEIVED BUSY SIGNAL AND CALLED 478-2378 BUT REACHED WRONG NUMBER. EMAILING APPLICATION TO VISIONSENTCOMPLEX@GMAIL.COM.		

[\[Collapse all comments\]](#) [\[Add new Comment\]](#)

FOR OFFICE USE ONLY			
Zoning	Approved <input checked="" type="checkbox"/>	Denied <input type="checkbox"/>	
SIGN	<u>Handwritten</u>		
Inspection	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	
SIGN			
Fire	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	
SIGN			

MAIL PAYMENT TO:
CITY OF GREENSBORO
P.O. BOX 26118, GREENSBORO, NC 27402-6118
www.greensboro-nc.gov
Ph. (336) 373-2501
Fax (336) 373-4393
2011-2012

LICENSE NO.	263368
IF NO LONGER OPERATING A BUSINESS IN THE CITY OF GREENSBORO, PLEASE COMPLETE THIS INFORMATION AND RETURN.	
Date Discontinued	
Telephone No	
Signature	

Correct if Necessary
RIO SPORTS RESTAURANT & LOUNGE INC
4927-3000 W MARKET ST
GREENSBORO, NC 27409

IMPORTANT

COMPLETE THIS APPLICATION. MAKE ANY NECESSARY CORRECTIONS, SIGN, AND RETURN APPLICATION WITH YOUR PAYMENT ON OR BEFORE _____.
PENALTY 5% PER MONTH AFTER _____. MINIMUM PENALTY \$5.00.

- A** (1) Business Name: RIO SPORTS RESTAURANT & LOUNGE INC
- (2) Local Business Address: 4927-3000 W MARKET ST GREENSBORO, NC 27409
- (3) Mailing Address: _____
(if Different)
- (4) Email Address: _____
- (5) Website Address: _____

- B** Check One: ☒ Individual ☐ Partnership ☐ LP ☐ Corporation ☐ LLC
- List Name and Home Address Below**
- List President and Secretary's Name and Home Address Below**

(1) JACQUELINE ROBINSON (336) 478-2378
Name Home Address
Name Home Address

(2) Business Phone No. (336) 218-8141 Contact Name _____ Contact Phone No. _____

(3) Does Firm Own Building? ☐ Yes ☒ No If No, Leased/Rented from GLOBAL HOSPITALITY MGMT GROUP

(4) Date Business Started In Greensboro 10/12/2011 Number of Employees At This Location 0 Fiscal Year Ending 12/31 Publish on City Website ☐ Yes ☒ No

- C** Business Activity (Check all that apply) ☐ Retail ☐ Wholesale ☐ Manufacturing ☐ Service ☐ Other, Please describe in detail _____
- Standard Industrial Classification (SIC) 722211 - RESTAURANT/EATING PLACES

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I FURTHER ACKNOWLEDGE THAT NO LICENSE SHALL BE ISSUED UNTIL ALL APPLICABLE CITY AND STATE CODE APPROVALS AND PERMITS HAVE BEEN PRESENTED TO THE TAX COLLECTOR AND ALL FEES HAVE BEEN PAID. FAILURE TO PAY FEES AND/OR PENALTIES WHEN DUE MAY RESULT IN GARNISHMENT, ATTACHMENT OF BANK ACCOUNT OR LEVY.

Signature Jacqueline Robinson Title President

RIO SPORTS RESTAURANT & LOUNGE INC
Name

263368
License No

2011-2012
License Year

AK
Approved By:

North Carolina
Alcoholic Beverage Control Commission
TEMPORARY PERMIT
00192536MB

The following permit(s) are hereby issued:

ON PREMISES MALT BEVERAGE G.S. 18B-1001(1)
ON PREMISES UNFORTIFIED WINE G.S. 18B-1001(3)
MIXED BEVERAGES RESTAURANT G.S. 18B-1001(10)A.

DATE ISSUED: 09/08/2011

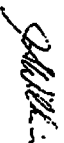
ISSUED TO:

Rio Sports Restaurant and Lounge Inc
Rio Sports Restaurant and Lounge
4927 West Market Street Suite 300-B
Greensboro, NC 27407

DATE EXPIRES: 12/06/2011

COUNTY: Guilford
CITY: Greensboro

This certifies that the above named permittee is authorized to sell, possess, transport and/or allow possession of alcoholic beverages on the premises designated above in accordance with the applicable provisions of Chapter 18B of the General Statutes and the Rules of the Commission. This permit is valid for not more than 90 days from the issue date unless sooner extended, suspended or revoked and is not transferable.



Jonathan S. Williams, Chairman

FOR OFFICE USE ONLY

Zoning Approved ☒ Denied ☐
 SIGN Handwritten Signature

Inspection Approved ☐ Denied ☐
 SIGN _____

Fire Approved ☐ Denied ☐
 SIGN _____

MAIL PAYMENT TO:

CITY OF GREENSBORO

P.O. BOX 26118, GREENSBORO, NC 27402-6118

www.greensboro-nc.gov

Ph. (336) 373-2501

Fax (336) 373-4393

2011-2012

LICENSE NO. 263366

IF NO LONGER OPERATING A BUSINESS IN THE CITY OF GREENSBORO, PLEASE COMPLETE THIS INFORMATION AND RETURN.

Date Discontinued _____

Telephone No _____

Signature _____

Correct if Necessary

RIO SPORTS RESTAURANT & LOUNGE INC
 4927-3000 W MARKET ST
 GREENSBORO, NC 27409

IMPORTANT

COMPLETE THIS APPLICATION. MAKE ANY NECESSARY CORRECTIONS, SIGN, AND RETURN APPLICATION WITH YOUR PAYMENT ON OR BEFORE _____. PENALTY 5% PER MONTH AFTER _____. MINIMUM PENALTY \$5.00.

- A** (1) Business Name: RIO SPORTS RESTAURANT & LOUNGE INC
- (2) Local Business Address: 4927-3000 W MARKET ST GREENSBORO, NC 27409
- (3) Mailing Address: (if Different) _____
- (4) Email Address: _____
- (5) Website Address: _____

- B** Check One: ☒ Individual ☐ Partnership ☐ LP ☐ - List Name and Home Address Below
- ☐ Corporation ☐ LLC ☐ - List President and Secretary's Name and Home Address Below

- (1) JACQUELINE ROBINSON (336) 478-2378
- Name Home Address
- Name Home Address

- (2) Business Phone No. (336) 218-8141 Contact Name _____ Contact Phone No. _____

- (3) Does Firm Own Building? ☐ Yes ☒ No If No, Leased/Rented from GLOBAL HOSPITALITY MGMT GROUP

- (4) Date Business Started In Greensboro 10/12/2011 Number of Employees At This Location 10 Fiscal Year Ending 12/31 Publish on City Website ☐ Yes ☒ No

- C** Business Activity (Check all that apply) ☐ Retail ☐ Wholesale ☐ Manufacturing ☐ Service
- ☐ Other. Please describe in detail _____

Standard Industrial Classification (SIC) 722211 - RESTAURANT/EATING PLACES

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I FURTHER ACKNOWLEDGE THAT NO LICENSE SHALL BE ISSUED UNTIL ALL APPLICABLE CITY AND STATE CODE APPROVALS AND PERMITS HAVE BEEN PRESENTED TO THE TAX COLLECTOR AND ALL FEES HAVE BEEN PAID. FAILURE TO PAY FEES AND/OR PENALTIES WHEN DUE MAY RESULT IN GARNISHMENT, ATTACHMENT OF BANK ACCOUNT OR LEVY.

Signature

Handwritten Signature

Title

Permits

DO NOT DETACH DO NOT DETACH DO NOT DETACH DO NOT DETACH DO NOT DETACH

RIO SPORTS RESTAURANT & LOUNGE INC

Name

263366

License No

2011-2012

License Year

GA
 Approved By:

NC Department of Environment & Natural Resources
Division of Environmental Health

☐ PERMIT ☒ TRANSITIONAL PERMIT

Date: 10-12-11

Name of Establishment: Rio Sports Restaurant & Lounge
Location Address: 4927 W. Market St Unit 300B
City: Greensboro State NC Zip: 27407
Billing Name: _____
Billing Address: Same
City: _____ State: _____ Zip: _____
Email Address: _____@_____
Phone: 336 218-8141 Fax: 336-218-8140

Permittee: Rio Sports Restaurant & Lounge, Inc
Manager/Person in Charge: Jacqueline Robinson
County: Guilford
Status Code: ☐ I ☒ T ☐ K
Establishment ID: _____
Map #: _____ Parcel ID: _____
Lat: _____ Long: _____
Emergency Phone Number: _____

Permission is granted to operate a Restaurant as defined in G.S. 130A-247(1) and 130A-248, Regulation of Food and Lodging Facilities. See permit requirements in Rules. This permit is not transferable and may be revoked for failure to comply with all requirements.

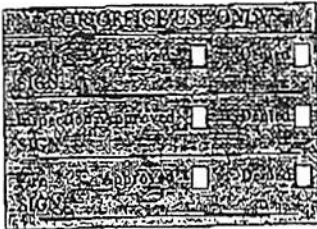
Wastewater System: ☒ Municipal/Community ☐ On-Site System Capacity 225 Category # ☒ 0 ☐ 1 ☐ 2
Water Supply: ☒ Municipal/Community ☐ On-Site Supply ☒ 3 ☐ 4
Pushcart/Mobile Food Unit operating in conjunction with: N/A
Restaurant or Commissary Name and ID Number: _____

Conditions/Remarks: * All Bar Service is Single Service only
* All Soft Drinks etc Served in Single Service
5 total items Soup salad items
3 Pasta Entrees
3 M.S.C. Entrees
4 Desserts
Served on Mult-use utensils All others served single service in Baskets
Chicken Recd preportioned ready to cook
All Meat recd preportioned ready to cook
All Seafood recd preportioned ready to cook
To be completed within 180 days - Patch FRP AT Dish Machine - properly
seal panels in walking cold gasket material where gaps exceed 1/8" - Add light
at bar - provide 2 other worktop refrigeration for bar (milk etc)

Transitional Permit Conditions
his permit shall expire on 4-9-12 APRIL 9, 2012 and is not renewable. All non-compliant items listed herein and on attached pages (if applicable) must be completed within ☐ 90 / ☐ 180 days. This establishment must close if all noncompliant items are not corrected by the expiration date.

Received By: Jacqueline Robinson Title: Manager Date: 10-12-11
Manager/Person In Charge
Signed: James A. Priddy, RTHS RS#: 1757 Date: 10-12-11
Division of Environmental Health

Purpose: General Statute 130A-248(b) states "No establishment shall commence or continue operation without a permit or transitional permit issued by the Department. The permit or transitional permit shall be issued to the owner or operator of the establishment and shall not be transferable. If the establishment is leased, the permit or transitional permit shall be issued to the lessee and shall not be transferable. If the location of an establishment changes, a new permit shall be obtained for the establishment. A permit shall be issued only when the establishment satisfies all of the requirements of the rules. The Commission shall adopt rules establishing the requirements that must be met before a transitional permit may be issued, and the period for which a transitional permit may be issued. The Department may also impose conditions on the issuance of a permit or transitional permit in accordance with rules adopted by the Commission. A permit or transitional permit shall be immediately revoked in accordance with G.S. 130A-23(d) for failure of the establishment to maintain a minimum grade of C. A permit or transitional permit may otherwise be suspended or revoked in accordance with G.S. 130A-23." Preparation: Local environmental health specialists shall issue a permit every time a change in permit status is indicated. Prepare an original and one copy for: 1. Original to be left with the owner or operator 2. Copy for the local health department Disposition: Please refer to Records Retention and Disposition Schedule 8.B.6, for County/District Health Departments which is published by the North Carolina Division of Archives & History. Additional forms may be ordered from: Division of Environmental Health, 1632 Mail Service Center, Raleigh, NC 27699-1632, (Courier 52-01-00)



CITY OF GREENSBORO
P.O. BOX 26118, GREENSBORO, NC 27402-6118
www.greensboro-nc.gov

Ph. (336) 373-2501
Fax (336) 373-4393
2012-2013



7/2/12
Faxed
Changes

Correct
if
Necessary

RIO SPORTS RESTAURANT & LOUNGE INC
4927-3000 W MARKET ST
GREENSBORO, NC 27409 27407

VISIONS Entertainment
Complex

IMPORTANT

COMPLETE THIS APPLICATION, MAKE ANY NECESSARY CORRECTIONS, SIGN, AND RETURN
APPLICATION WITH YOUR PAYMENT ON OR BEFORE 7/2/2012
PENALTY 5% PER MONTH AFTER 7/2/2012 MINIMUM PENALTY \$5.00.

- A** (1) Business Name: RIO SPORTS RESTAURANT & LOUNGE INC VISIONS Entertainment complex
4927 W. Market Street, Suite 3000-B, Greensboro, NC 27407
(2) Local Business Address: 4927 W MARKET ST GREENSBORO, NC 27409
(3) Mailing Address: _____
(if Different)
(4) Email Address: VISIONSENTCOMPLEX@gmail.com
(5) Website Address: _____

B Check
One:

☒ Individual
☒ Corporation

☐ Partnership
☐ LLC

☐ LP

List Name and Home Address Below

List President and Secretary's Name and Home Address Below

(1) JACQUELINE ROBINSON
Name

- President

Home Address

(336) 478-2378

(2) Business Phone No. 336-218-7554
Contact Name

Contact Phone No.

(3) Does Firm Own Building? ☐ Yes ☒ No

If No, Leased/Rented from GLOBAL HOSPITALITY MGMT GROUP

(4) Date Business Started
In Greensboro 10/12/2011

Number of Employees
At This Location 10

Fiscal Year
Ending 12/31

Publish on City Website
☐ Yes ☒ No

C Business Activity
(Check all that apply)

☐ Retail

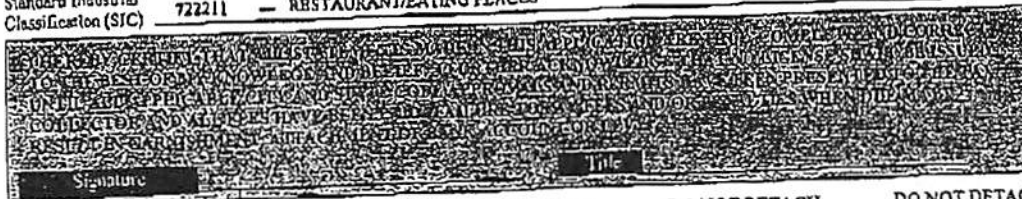
☐ Wholesale

☐ Manufacturing

☐ Service

☐ Other, Please describe in detail

Standard Industrial
Classification (SIC) 722211 - RESTAURANT/EATING PLACES



DO NOT DETACH

DO NOT DETACH

DO NOT DETACH

DO NOT DETACH

DO NOT DETACH

VISIONS Entertainment complex
RIO SPORTS RESTAURANT & LOUNGE INC
Name

281224
License No.

2012-2013
License Year

Approved By:

V FOR OFFICE USE ONLY

Zoning Approved ☐ Denied ☐
SIGN _____

Inspection Approved ☐ Denied ☐
SIGN _____

Fire Approved ☐ Denied ☐
SIGN _____

MAIL PAYMENT TO:

CITY OF GREENSBORO

P.O. BOX 26118, GREENSBORO, NC 27402-6118

www.greensboro-nc.gov

Ph. (336) 373-2501

Fax (336) 373-4393

2012-2013

LICENSE NO. 266106

IF NO LONGER OPERATING A BUSINESS IN THE CITY OF GREENSBORO, PLEASE COMPLETE THIS INFORMATION AND RETURN.

Date Discontinued _____

Telephone No. _____

Signature _____

Correct if Necessary

RIO SPORTS RESTAURANT & LOUNGE INC

4927-3000 W MARKET ST

GREENSBORO, NC 27409

IMPORTANT

COMPLETE THIS APPLICATION, MAKE ANY NECESSARY CORRECTIONS, SIGN, AND RETURN APPLICATION WITH YOUR PAYMENT ON OR BEFORE MAY 1, 2012.
PENALTY 5% PER MONTH AFTER MAY 1, 2012. **MINIMUM PENALTY \$5.00.**

A (1) Business Name:

RIO SPORTS RESTAURANT & LOUNGE INC

(2) Local Business Address: 4927-3000 W MARKET ST GREENSBORO, NC 27409

(3) Mailing Address:
(if Different) _____

(4) Email Address: _____

(5) Website Address: _____

B Check One: ☒ Individual ☐ Partnership ☐ LP - List Name and Home Address Below

☐ Corporation ☐ LLC - List President and Secretary's Name and Home Address Below

(1) JACQUELINE ROBINSON

(336) 478-2378

Name

Home Address

Name

Home Address

(2) Business Phone No. (336) 218-8141

Contact Name _____

Contact Phone No. _____

(3) Does Firm Own Building? ☐ Yes ☒ No

If No, Leased/Rented from GLOBAL HOSPITALITY MGMT GROUP

(4) Date Business Started
In Greensboro 10/12/2011

Number of Employees
At This Location 10

Fiscal Year
Ending 12/31

Publish on City Website
☐ Yes ☒ No

C Business Activity
(Check all that apply)

☐ Retail

☐ Wholesale

☐ Manufacturing

☐ Service

☐ Other, Please describe in detail _____

Standard Industrial
Classification (SIC) 722211

RESTAURANT/EATING PLACES

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I FURTHER ACKNOWLEDGE THAT NO LICENSE SHALL BE ISSUED UNTIL ALL APPLICABLE CITY AND STATE CODE APPROVALS AND PERMITS HAVE BEEN PRESENTED TO THE TAX COLLECTOR AND ALL FEES HAVE BEEN PAID. FAILURE TO PAY FEES AND/OR PENALTIES WHEN DUE MAY RESULT IN GARNISHMENT, ATTACHMENT OF BANK ACCOUNT OR LEVY.

Signature _____

Title _____

DO NOT DETACH

DO NOT DETACH

DO NOT DETACH

DO NOT DETACH

DO NOT DETACH

RIO SPORTS RESTAURANT & LOUNGE INC

Name

266106

License No.

2012-2013

License Year

Approved By: an

FOR OFFICE USE ONLY	
Zoning	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
SIGN _____	
Inspection	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
SIGN _____	
Fire	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
SIGN _____	

MAIL PAYMENT TO:

CITY OF GREENSBORO

P.O. BOX 26118, GREENSBORO, NC 27402-6118

www.greensboro-nc.gov

Ph. (336) 373-2501

Fax (336) 373-4393

2012-2013

LICENSE NO.	281224
IF NO LONGER OPERATING A BUSINESS IN THE CITY OF GREENSBORO, PLEASE COMPLETE THIS INFORMATION AND RETURN.	
Date Discontinued	_____
Telephone No.	_____
Signature	_____

Correct if Necessary

VISIONS ENTERTAINMENT COMPLEX
RIO SPORTS RESTAURANT & LOUNGE INC T/A
4927 WEST MARKET ST #3000-B
GREENSBORO, NC 27409

IMPORTANT

COMPLETE THIS APPLICATION, MAKE ANY NECESSARY CORRECTIONS, SIGN, AND RETURN APPLICATION WITH YOUR PAYMENT ON OR BEFORE _____.
PENALTY 5% PER MONTH AFTER _____. MINIMUM PENALTY \$5.00.

- A** (1) Business Name: VISIONS ENTERTAINMENT COMPLEX
RIO SPORTS RESTAURANT & LOUNGE INC T/A
- (2) Local Business Address: _____
- (3) Mailing Address: 4927 WEST MARKET ST #3000-B GREENSBORO, NC 27409
(if Different)
- (4) Email Address: VISIONSENTCOMPLEX@GMAIL.COM
- (5) Website Address: _____

- B** Check One: ☐ Individual ☐ Partnership ☐ LP ☐ - List Name and Home Address Below
☒ Corporation ☐ LLC ☐ - List President and Secretary's Name and Home Address Below

- (1) JACQUELINE ROBINSON (336) 478-2378
Name Home Address
Name Home Address

- (2) Business Phone No. (336) 218-7557 Contact Name _____ Contact Phone No. _____

- (3) Does Firm Own Building? ☐ Yes ☒ No If No, Leased/Rented from GLOBAL HOSPITALITY MGMT GROUP

- (4) Date Business Started 10/12/2011 Number of Employees 10 Fiscal Year Ending 12/31 Publish on City Website ☐ Yes ☒ No
In Greensboro At This Location

- C** Business Activity (Check all that apply) ☐ Retail ☐ Wholesale ☐ Manufacturing ☐ Service
☐ Other, Please describe in detail _____
Standard Industrial Classification (SIC) 722211 - RESTAURANT/EATING PLACES

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I FURTHER ACKNOWLEDGE THAT NO LICENSE SHALL BE ISSUED UNTIL ALL APPLICABLE CITY AND STATE CODE APPROVALS AND PERMITS HAVE BEEN PRESENTED TO THE TAX COLLECTOR AND ALL FEES HAVE BEEN PAID. FAILURE TO PAY FEES AND/OR PENALTIES WHEN DUE MAY RESULT IN GARNISHMENT, ATTACHMENT OF BANK ACCOUNT OR LEVY.

Signature Jacqueline Robinson Title Owner

DO NOT DETACH DO NOT DETACH DO NOT DETACH DO NOT DETACH DO NOT DETACH

VISIONS ENTERTAINMENT COMPLEX

Name

281224

License No.

2012-2013

License Year

An
Approved By:

V FOR OFFICE USE ONLY

Zoning Approved ☐ Denied ☐
SIGN _____

Inspection Approved ☐ Denied ☐
SIGN _____

Fire Approved ☐ Denied ☐
SIGN _____

MAIL PAYMENT TO:

CITY OF GREENSBORO

P.O. BOX 26118, GREENSBORO, NC 27402-6118

Ph. (336) 373-2501
Fax (336) 373-4393

2013-2014

LICENSE NO. 287492

IF NO LONGER OPERATING A
BUSINESS IN THE CITY OF
GREENSBORO PLEASE
COMPLETE THIS
INFORMATION AND RETURN.

Date Discontinued _____

Telephone No _____

Signature _____

Correct if Necessary
VISIONS ENTERTAINMENT COMPLEX
RIO SPORTS RESTAURANT & LOUNGE INC T/A
4927 WEST MARKET ST #3000-B
GREENSBORO, NC 27409

IMPORTANT

COMPLETE THIS APPLICATION, MAKE ANY NECESSARY CORRECTIONS, SIGN, AND RETURN APPLICATION WITH YOUR PAYMENT ON OR BEFORE MAY 1, 2013.
PENALTY 5% PER MONTH AFTER MAY 1, 2013 **MINIMUM PENALTY \$5.00.**

- A** (1) Business Name: VISIONS ENTERTAINMENT COMPLEX
RIO SPORTS RESTAURANT & LOUNGE INC T/A
- (2) Local Business Address: _____
- (3) Mailing Address: 4927 WEST MARKET ST #3000-B GREENSBORO, NC 27409
(if Different)
- (4) Email Address: VISIONSENTCOMPLEX@GMAIL.COM
- (5) Website Address: _____

- B** Check One: ☐ Individual ☐ Partnership ☐ LP - List Name and Home Address Below
☒ Corporation ☐ LLC - List President and Secretary's Name and Home Address Below

- (1) JACQUELINE ROBINSON (336) 478-2378
Name Home Address
Name Home Address

- (2) Business Phone No. (336) 218-7554 Contact Name: _____ Contact Phone: _____

- (3) Does Firm Own Building? ☐ Yes ☒ No If No, Leased/Rented from GLOBAL HOSPITALITY MGMT GROUP

- (4) Date Business Started 10/12/2011 Number of Employees 10 Fiscal Year 12/31 Publish on City Website
In Greensboro At This Location Ending ☐ Yes ☐ No

- C** Business Activity (Check all that apply) ☐ Retail ☐ Wholesale ☐ Manufacturing ☐ Service
☐ Other, Please describe in detail _____

Standard Industrial Classification (SIC) 722211 - RESTAURANT/EATING PLACES

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I FURTHER ACKNOWLEDGE THAT NO LICENSE SHALL BE ISSUED UNTIL ALL APPLICABLE CITY AND STATE CODE APPROVALS AND PERMITS HAVE BEEN PRESENTED TO THE TAX COLLECTOR AND ALL FEES HAVE BEEN PAID. FAILURE TO PAY FEES AND/OR PENALTIES WHEN DUE MAY RESULT IN GARNISHMENT, ATTACHMENT OF BANK ACCOUNT OR LEVY.

Signature

Per Telephone

Title

DO NOT DETACH DO NOT DETACH DO NOT DETACH DO NOT DETACH DO NOT DETACH

VISIONS ENTERTAINMENT COMPLEX

287492

2013-2014

Am

Section Name Type Of Business License No. License Year Approved By:
☐ Gross Sales/ Receipts / Variables Information ☐ Amount Due

FOR OFFICE USE ONLY			
Zoning	Approved	<input type="checkbox"/>	Denied
SIGN			
Inspection	Approved	<input type="checkbox"/>	Denied
SIGN			
Fire	Approved	<input type="checkbox"/>	Denied
SIGN			

MAIL PAYMENT TO:

CITY OF GREENSBORO

P.O. BOX 26118, GREENSBORO, NC 27402-6118

www.greensboro-nc.gov

Ph. (336) 373-2501

Fax (336) 373-4393

2013-2014

LICENSE NO. 300463

IF NO LONGER OPERATING A BUSINESS IN THE CITY OF GREENSBORO, PLEASE COMPLETE THIS INFORMATION AND RETURN.

Date Discontinued

Telephone No

Signature

Correct if Necessary VISIONS ENTERTAINMENT COMPLEX
RIO SPORTS RESTAURANT & LOUNGE INC T/A
4927 WEST MARKET ST #3000-B
GREENSBORO, NC 27407

IMPORTANT

COMPLETE THIS APPLICATION, MAKE ANY NECESSARY CORRECTIONS, SIGN, AND RETURN APPLICATION WITH YOUR PAYMENT ON OR BEFORE .
PENALTY 5% PER MONTH AFTER . MINIMUM PENALTY \$5.00.

- A** (1) Business Name: VISIONS ENTERTAINMENT COMPLEX
RIO SPORTS RESTAURANT & LOUNGE INC T/A
- (2) Local Business Address:
- (3) Mailing Address: 4927 WEST MARKET ST #3000-B GREENSBORO, NC 27407
(if Different) VISIONSENTCOMPLEX@GMAIL.COM
- (4) Email Address:
- (5) Website Address:

- B** Check ☐ Individual ☐ Partnership ☐ LP ☐ List Name and Home Address Below
One: ☒ Corporation ☐ LLC ☐ List President and Secretary's Name and Home Address Below

- (1) JACQUELINE ROBINSON () -
Name Home Address
Name Home Address

- (2) Business Phone No. (336) 763-0719 Contact Name Contact Phone No.

- (3) Does Firm Own Building? ☐ Yes ☒ No If No, Leased/Rented from GLOBAL HOSPITALITY MGMT GROUP

- (4) Date Business Started 10/12/2011 Number of Employees 10 Fiscal Year Ending 12/31 Publish on City Website
In Greensboro At This Location ☐ Yes ☒ No

- C** Business Activity ☐ Retail ☐ Wholesale ☐ Manufacturing ☐ Service
(Check all that apply) ☐ Other, Please describe in detail

Standard Industrial Classification (SIC) 722211 - RESTAURANT/EATING PLACES

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I FURTHER ACKNOWLEDGE THAT NO LICENSE SHALL BE ISSUED UNTIL ALL APPLICABLE CITY AND STATE CODE APPROVALS AND PERMITS HAVE BEEN PRESENTED TO THE TAX COLLECTOR AND ALL FEES HAVE BEEN PAID. FAILURE TO PAY FEES AND/OR PENALTIES WHEN DUE MAY RESULT IN GARNISHMENT, ATTACHMENT OF BANK ACCOUNT OR LEVY.

Signature

Title Secretary

DO NOT DETACH DO NOT DETACH DO NOT DETACH DO NOT DETACH DO NOT DETACH

VISIONS ENTERTAINMENT COMPLEX
Name

300463
License No.

2013-2014
License Year

Ch
Approved By:

FOR OFFICE USE ONLY			
Zoning	Approved	<input type="checkbox"/>	Denied
SIGN			
Inspection	Approved	<input type="checkbox"/>	Denied
SIGN			
Fire	Approved	<input type="checkbox"/>	Denied
SIGN			

MAIL PAYMENT TO:
CITY OF GREENSBORO
P.O. BOX 26118, GREENSBORO, NC 27402-6118
www.greensboro-nc.gov
Ph. (336) 373-2501
Fax (336) 373-4393
2014-2015

LICENSE NO.	320684
IF NO LONGER OPERATING A BUSINESS IN THE CITY OF GREENSBORO, PLEASE COMPLETE THIS INFORMATION AND RETURN.	
Date Discontinued	
Telephone No	
Signature	

Correct if Necessary
VISIONS ENTERTAINMENT COMPLEX
RIO SPORTS RESTAURANT & LOUNGE INC T/A
4927 WEST MARKET ST #3000-B
GREENSBORO, NC 27407

IMPORTANT COMPLETE THIS APPLICATION. MAKE ANY NECESSARY CORRECTIONS, SIGN, AND RETURN APPLICATION WITH YOUR PAYMENT ON OR BEFORE MINIMUM PENALTY \$5.00.
PENALTY 5% PER MONTH AFTER

- (1) Business Name: VISIONS ENTERTAINMENT COMPLEX
RIO SPORTS RESTAURANT & LOUNGE INC T/A
- (2) Local Business Address: 4927 W MARKET ST GREENSBORO, NC 27407
- (3) Mailing Address: 4927 WEST MARKET ST #3000-B GREENSBORO, NC 27407
(if Different)
- (4) Email Address: VISIONSENTCOMPLEX@GMAIL.COM
- (5) Website Address:

- (B) Check One: ☐ Individual ☐ Partnership ☐ LP ☐ - List Name and Home Address Below
☒ Corporation ☐ LLC ☐ - List President and Secretary's Name and Home Address Below

- (1) JACQUELINE ROBINSON
Name Home Address
Name Home Address

- (2) Business Phone No. (336) 763-0719 Contact Name MICHELLE DANIEL Contact Phone No. (336) 725-3500

- (3) Does Firm Own Building? ☐ Yes ☒ No If No, Leased/Rented from GLOBAL HOSPITALITY MGMT GROUP

- (4) Date Business Started In Greensboro 10/12/2011 Number of Employees At This Location 10 Fiscal Year Ending 12/31 Publish on City Website ☐ Yes ☒ No

- (C) Business Activity (Check all that apply) ☐ Retail ☐ Wholesale ☐ Manufacturing ☐ Service
☐ Other. Please describe in detail


Standard Industrial Classification (SIC) 722211 - RESTAURANT/EATING PLACES


I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I FURTHER ACKNOWLEDGE THAT NO LICENSE SHALL BE ISSUED UNTIL ALL APPLICABLE CITY AND STATE CODE APPROVALS AND PERMITS HAVE BEEN PRESENTED TO THE TAX COLLECTOR AND ALL FEES HAVE BEEN PAID. FAILURE TO PAY FEES AND/OR PENALTIES WHEN DUE MAY RESULT IN GARNISHMENT, ATTACHMENT OF BANK ACCOUNT OR LEVY.


Signature Title Secretary

DO NOT DETACH DO NOT DETACH DO NOT DETACH DO NOT DETACH DO NOT DETACH

VISIONS ENTERTAINMENT COMPLEX 320684 2014-2015
Name License No. License Year Approved By: An

REFERENCE NO.	LICENSE NO.	DATE PAID	LICENSE YEAR	SIC CODE	CODE REFERENCE & DESCRIPTION
732203	322518	8/4/2014	2014-2015	236116	086A CONTRACTOR/CONSTRUCTION
 <p>PRIVILEGE LICENSE CITY OF GREENSBORO DISPLAY IN A PROMINENT PLACE</p> <p>THIS CERTIFIES: VISIONS ENTERTAINMENT COMPLEX LOCATED: HAS PAID LICENSE TAXES AS INDICATED. EXPIRATION DATE: 06/30/2015</p> <p>VISIONS ENTERTAINMENT COMPLEX 4927 WEST MARKET ST #3000B GREENSBORO, NC 27409</p>					<p>DUPLICATE</p> <p>IMPORTANT INFORMATION – SEE REVERSE SIDE</p> <p><i>Jensen Childress</i> TAX COLLECTOR</p>
<p>THIS LICENSE MUST BE KEPT POSTED AT A PLACE WHERE BUSINESS IS CARRIED ON.</p>					

REFERENCE NO.	LICENSE NO.	DATE PAID	LICENSE YEAR	SIC CODE	CODE REFERENCE & DESCRIPTION
732203	303557	10/11/2013	2013-2014	236116	086A CONTRACTOR/CONSTRUCTION
 <p>PRIVILEGE LICENSE CITY OF GREENSBORO DISPLAY IN A PROMINENT PLACE</p> <p>THIS CERTIFIES: VISIONS ENTERTAINMENT COMPLEX LOCATED: HAS PAID LICENSE TAXES AS INDICATED. EXPIRATION DATE: 06/30/2014</p> <p>VISIONS ENTERTAINMENT COMPLEX 4927 WEST MARKET ST #3000B GREENSBORO, NC 27409</p>					<p>DUPLICATE</p> <p>IMPORTANT INFORMATION – SEE REVERSE SIDE</p> <p><i>Jensen Childress</i> TAX COLLECTOR</p>
<p>THIS LICENSE MUST BE KEPT POSTED AT A PLACE WHERE BUSINESS IS CARRIED ON.</p>					

REFERENCE NO.	LICENSE NO.	DATE PAID	LICENSE YEAR	SIC CODE	CODE REFERENCE & DESCRIPTION
732203	286230	1/22/2013	2012-2013	236116	086A CONTRACTOR/CONSTRUCTION
 <p>PRIVILEGE LICENSE CITY OF GREENSBORO DISPLAY IN A PROMINENT PLACE</p> <p>THIS CERTIFIES: VISIONS ENTERTAINMENT COMPLEX LOCATED: HAS PAID LICENSE TAXES AS INDICATED. EXPIRATION DATE: 06/30/2013</p> <p>VISIONS ENTERTAINMENT COMPLEX 4927 WEST MARKET ST #3000B GREENSBORO, NC 27409</p>					<p>DUPLICATE</p> <p>IMPORTANT INFORMATION – SEE REVERSE SIDE</p> <p><i>Jensen Childress</i> TAX COLLECTOR</p>
<p>THIS LICENSE MUST BE KEPT POSTED AT A PLACE WHERE BUSINESS IS CARRIED ON.</p>					

2/17/2015

City Of Greensboro
Privilege License

P.O. BOX 26118, GREENSBORO, NC 27402-6118
(336) 373-2501

Reference #: 732203

Status: R

Bus. Trade Name: VISIONS ENTERTAINMENT COMPLEX

Corporation Name:

Business Type: Corporation

Local Address:

Mailing Address: 4927 WEST MARKET ST #3000B GREENSBORO, NC 27409

Licenses	Type	Year	Date
20142015 -322518	Regular	2014/2015	08/04/2014
20132014 -303557	Regular	2013/2014	10/11/2013
20122013 -286230	Regular	2012/2013	01/22/2013

Type	Name
Owner	JERRY GILMORE
Contact	JACQUELINE ROBINSON

Business Phone: (336) 763-0719

Business Start Date: 01/18/2013

Business Activity: GENERAL CONSTRUCTION

FOR OFFICE USE ONLY			
Zoning	Approved	<input type="checkbox"/>	Denied
SIGN			
Inspection	Approved	<input type="checkbox"/>	Denied
SIGN			
Fire	Approved	<input type="checkbox"/>	Denied
SIGN			

MAIL PAYMENT TO:
CITY OF GREENSBORO

P.O. BOX 26118, GREENSBORO, NC 27402-6118
www.greensboro-nc.gov

Ph. (336) 373-2501
Fax (336) 373-4393

2012-2013

LICENSE NO.	286230
IF NO LONGER OPERATING A BUSINESS IN THE CITY OF GREENSBORO, PLEASE COMPLETE THIS INFORMATION AND RETURN.	
Date Discontinued	
Telephone No	
Signature	

Correct if Necessary
VISIONS ENTERTAINMENT COMPLEX
4927 WEST MARKET ST #3000B
GREENSBORO, NC 27409

IMPORTANT

COMPLETE THIS APPLICATION, MAKE ANY NECESSARY CORRECTIONS, SIGN, AND RETURN APPLICATION WITH YOUR PAYMENT ON OR BEFORE _____.
PENALTY 5% PER MONTH AFTER _____. MINIMUM PENALTY \$5.00.

- A** (1) Business Name: VISIONS ENTERTAINMENT COMPLEX
- (2) Local Business Address: _____
- (3) Mailing Address: 4927 WEST MARKET ST #3000B GREENSBORO, NC 27409
(if Different)
- (4) Email Address: _____
- (5) Website Address: _____

- B** Check One: ☐ Individual ☐ Partnership ☐ LP ☐ List Name and Home Address Below
☒ Corporation ☐ LLC ☐ List President and Secretary's Name and Home Address Below

- (1) JERRY GILMORE 4927 WEST MARKET ST #3000B GREENSBORO, NC (336) 671-8493
Name Home Address
Name Home Address

- (2) Business Phone No. (336) 294-2215 Contact Name _____ Contact Phone No. _____

- (3) Does Firm Own Building? ☐ Yes ☒ No If No, Leased/Rented from: GLOBAL HOSPITALITY

- (4) Date Business Started In Greensboro 1/18/2013 Number of Employees At This Location 0 Fiscal Year Ending 12/31 Publish on City Website ☐ Yes ☒ No

- C** Business Activity (Check all that apply) ☐ Retail ☐ Wholesale ☐ Manufacturing ☐ Service
☐ Other, Please describe in detail _____

Standard Industrial Classification (SIC) 236116 - GENERAL CONSTRUCTION

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I FURTHER ACKNOWLEDGE THAT NO LICENSE SHALL BE ISSUED UNTIL ALL APPLICABLE CITY AND STATE CODE APPROVALS AND PERMITS HAVE BEEN PRESENTED TO THE TAX COLLECTOR AND ALL FEES HAVE BEEN PAID. FAILURE TO PAY FEES AND/OR PENALTIES WHEN DUE MAY RESULT IN GARNISHMENT, ATTACHMENT OF BANK ACCOUNT OR LEVY.

Signature [Signature] Title Manager

DO NOT DETACH DO NOT DETACH DO NOT DETACH DO NOT DETACH DO NOT DETACH

VISIONS ENTERTAINMENT COMPLEX
Name

286230
License No.

2012-2013
License Year

Cin
Approved By:

FOR OFFICE USE ONLY			
Zoning	Approved	<input type="checkbox"/>	Denied
SIGN			
Inspection	Approved	<input type="checkbox"/>	Denied
SIGN			
Fire	Approved	<input type="checkbox"/>	Denied
SIGN			

MAIL PAYMENT TO:

CITY OF GREENSBORO

P.O. BOX 26118, GREENSBORO, NC 27402-6118

www.greensboro-nc.gov

Ph. (336) 373-2501

Fax (336) 373-4393

2013-2014

LICENSE NO. 303557

IF NO LONGER OPERATING A BUSINESS IN THE CITY OF GREENSBORO, PLEASE COMPLETE THIS INFORMATION AND RETURN.

Date Discontinued

Telephone No

Signature

Correct if Necessary
VISIONS ENTERTAINMENT COMPLEX
4927 WEST MARKET ST #3000B
GREENSBORO, NC 27409

IMPORTANT

COMPLETE THIS APPLICATION. MAKE ANY NECESSARY CORRECTIONS, SIGN, AND RETURN APPLICATION WITH YOUR PAYMENT ON OR BEFORE MINIMUM PENALTY \$5.00. PENALTY 5% PER MONTH AFTER

- (1) Business Name: VISIONS ENTERTAINMENT COMPLEX
- (2) Local Business Address:
- (3) Mailing Address: 4927 WEST MARKET ST #3000B GREENSBORO, NC 27409
(if Different)
- (4) Email Address:
- (5) Website Address:

- (B) Check One: ☐ Individual ☐ Partnership ☐ LP ☒ Corporation ☐ LLC
- List Name and Home Address Below
- List President and Secretary's Name and Home Address Below

(1) JERRY GILMORE 4927 WEST MARKET ST #3000B GREENSBORO, NC (336) 671-8493
Name Home Address

(2) Business Phone No. (336) 763-0719 Contact Name Contact Phone No.

(3) Does Firm Own Building? ☐ Yes ☒ No If No, Leased/Rented from GLOBAL HOSPITALITY

(4) Date Business Started In Greensboro 1/18/2013 Number of Employees At This Location 0 Fiscal Year Ending 12/31 Publish on City Website ☐ Yes ☒ No

(C) Business Activity (Check all that apply) ☐ Retail ☐ Wholesale ☐ Manufacturing ☐ Service ☐ Other. Please describe in detail

Standard Industrial Classification (SIC) 236116 - GENERAL CONSTRUCTION

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I FURTHER ACKNOWLEDGE THAT NO LICENSE SHALL BE ISSUED UNTIL ALL APPLICABLE CITY AND STATE CODE APPROVALS AND PERMITS HAVE BEEN PRESENTED TO THE TAX COLLECTOR AND ALL FEES HAVE BEEN PAID. FAILURE TO PAY FEES AND/OR PENALTIES WHEN DUE MAY RESULT IN GARNISHMENT, ATTACHMENT OF BANK ACCOUNT OR LEVY.

Signature

Title

DO NOT DETACH

DO NOT DETACH

DO NOT DETACH

DO NOT DETACH

DO NOT DETACH

VISIONS ENTERTAINMENT COMPLEX
Name

303557
License No.

2013-2014
License Year

Approved By: *Cin*

Correct if Necessary

VISIONS ENTERTAINMENT COMPLEX
4927 WEST MARKET ST #3000B
GREENSBORO, NC 27409

MAIL PAYMENT TO:

CITY OF GREENSBORO

P.O. BOX 26118, GREENSBORO, NC 27402-6118

www.greensboro-nc.gov

Ph. (336) 373-2501

Fax (336) 373-4393

2014-2015

LICENSE NO.	322518
IF NO LONGER OPERATING A BUSINESS IN THE CITY OF GREENSBORO, PLEASE COMPLETE THIS INFORMATION AND RETURN.	

Date Discontinued	

Telephone No	

Signature	

IMPORTANT

COMPLETE THIS APPLICATION, MAKE ANY NECESSARY CORRECTIONS, SIGN, AND RETURN APPLICATION WITH YOUR PAYMENT ON OR BEFORE _____.
PENALTY 5% PER MONTH AFTER _____. MINIMUM PENALTY \$5.00.

- A** (1) Business Name: VISIONS ENTERTAINMENT COMPLEX
- (2) Local Business Address: _____
- (3) Mailing Address: 4927 WEST MARKET ST #3000B GREENSBORO, NC 27409
(if Different)
- (4) Email Address: _____
- (5) Website Address: _____

- B** Check ☐ Individual ☐ Partnership ☐ LP — **List Name and Home Address Below**
One: ☒ Corporation ☐ LLC — **List President and Secretary's Name and Home Address Below**

- | | | | |
|-----|---------------|----------------------------|-------------------------------|
| (1) | JERRY GILMORE | 4927 WEST MARKET ST #3000B | GREENSBORO, NC (336) 671-8493 |
| | Name | Home Address | |
| | Name | Home Address | |

- (2) Business Phone No. (336) 763-0719 Contact Name JACQUELINE ROBINSON Contact Phone No. (336) 855-6367

- (3) Does Firm Own Building? ☐ Yes ☒ No If No, Leased/Rented from GLOBAL HOSPITALITY

- (4) Date Business Started In Greensboro 1/18/2013 Number of Employees At This Location 0 Fiscal Year Ending 12/31 Publish on City Website ☐ Yes ☒ No

- c** Business Activity (Check all that apply) ☐ Retail ☐ Wholesale ☐ Manufacturing ☐ Service
☐ Other, Please describe in detail

Standard Industrial Classification (SIC)	236116	- GENERAL CONSTRUCTION
--	--------	------------------------

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I FURTHER ACKNOWLEDGE THAT NO LICENSE SHALL BE ISSUED UNTIL ALL APPLICABLE CITY AND STATE CODE APPROVALS AND PERMITS HAVE BEEN PRESENTED TO THE TAX COLLECTOR AND ALL FEES HAVE BEEN PAID. FAILURE TO PAY FEES AND/OR PENALTIES WHEN DUE MAY RESULT IN GARNISHMENT, ATTACHMENT OF BANK ACCOUNT OR LEVY.

Signature

Title

DO NOT DETACH

~~DO NOT DETACH~~

DO NOT DETACH

DO NOT DETACH

DO NOT DETACH

VISIONS ENTERTAINMENT COMPLEX

Name _____



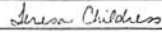
322518

License No.

2014-2015

License Year

Approved By:

REFERENCE NO.	LICENSE NO.	DATE PAID	LICENSE YEAR	SIC CODE	CODE REFERENCE & DESCRIPTION
734873	306442	10/11/2013	2013-2014	711320	037B NEW BUSINESS 1-10 EMP 068A AMUSEMENT/MEMBERSHIP/ADM 110 SERVICE BUSINESS PROMOTIONS
<div><p>PRIVILEGE LICENSE CITY OF GREENSBORO DISPLAY IN A PROMINENT PLACE</p><p>THIS CERTIFIES: VISIONS ENTERTAINMENT COMPLEX INC LOCATED: HAS PAID LICENSE TAXES AS INDICATED. EXPIRATION DATE: 06/30/2014</p><p>VISIONS ENTERTAINMENT COMPLEX INC 4927 WEST MARKET ST #3000B GREENSBORO, NC 27409</p></div>					<p>DUPLICATE</p> <p>IMPORTANT INFORMATION – SEE REVERSE SIDE</p> <div> THIS LICENSE MUST BE KEPT POSTED AT A PLACE WHERE BUSINESS IS CARRIED ON.</div> <div> TAX COLLECTOR</div>

2/17/2015

City Of Greensboro
Privilege License

P.O. BOX 26118, GREENSBORO, NC 27402-6118
(336) 373-2501

Reference #: 734873

Status: C

Bus. Trade Name: VISIONS ENTERTAINMENT COMPLEX INC

Corporation Name:

Business Type: Corporation

Local Address:

Mailing Address: 4927 WEST MARKET ST #3000B GREENSBORO, NC 27409

Licenses	Type	Year	Date
20142015 -324297	Regular	2014/2015	
20132014 -306442	Regular	2013/2014	10/11/2013

Type	Name
Owner	JACQUELINE ROBINSON

Business Phone: (336) 763-0719

Business Start Date: 10/10/2013

Business Activity: PROMOTERS OF EVENTS OR PRODUCTS

Collections: Privilege License

Business > Comments**Lic #:** 324297**Close****Reference #:** 734873**License #:** 324297**Business Name:** VISIONS ENTERTAINMENT COMPLEX INC

<u>Date</u>	<u>Subject</u>	<u>User</u>
8/25/2014 10:58 AM	<u>CANCELLED RECORD</u>	ROWEA

** SEE REFERENCE #727134.

[\[Collapse all comments\]](#) [\[Add new Comment\]](#)

FOR OFFICE USE ONLY			
Zoning SIGN	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	
Inspection SIGN	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	
Fire SIGN	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	

MAIL PAYMENT TO:

CITY OF GREENSBORO

P.O. BOX 26118, GREENSBORO, NC 27402-6118
www.greensboro-nc.gov

Ph. (336) 373-2501
Fax (336) 373-4393

2013-2014

LICENSE NO. 306442

IF NO LONGER OPERATING A BUSINESS IN THE CITY OF GREENSBORO, PLEASE COMPLETE THIS INFORMATION AND RETURN.

Date Discontinued

Telephone No

Signature

Correct if Necessary
VISIONS ENTERTAINMENT COMPLEX INC
4927 WEST MARKET ST #3000B
GREENSBORO, NC 27409

IMPORTANT

COMPLETE THIS APPLICATION. MAKE ANY NECESSARY CORRECTIONS, SIGN, AND RETURN APPLICATION WITH YOUR PAYMENT ON OR BEFORE .
PENALTY 5% PER MONTH AFTER . MINIMUM PENALTY \$5.00.

A (1) Business Name:

VISIONS ENTERTAINMENT COMPLEX INC

(2) Local Business Address:

(3) Mailing Address: (if Different) 4927 WEST MARKET ST #3000B GREENSBORO, NC 27409

(4) Email Address: VISIONSENTPROMO1@GMAIL.COM

(5) Website Address:

B Check One: ☐ Individual ☐ Partnership ☐ LP - List Name and Home Address Below
☒ Corporation ☐ LLC - List President and Secretary's Name and Home Address Below

(1) JACQUELINE ROBINSON 4927 WEST MARKET ST #3000B GREENSBORO, NC (336) 855-6367
Name Home Address
Name Home Address

(2) Business Phone No. (336) 855-6367 Contact Name Contact Phone No.

(3) Does Firm Own Building? ☒ Yes ☐ No If No, Leased/Rented from

(4) Date Business Started In Greensboro 10/10/2013 Number of Employees At This Location 0 Fiscal Year Ending 12/31 Publish on City Website ☐ Yes ☒ No

C Business Activity (Check all that apply) ☐ Retail ☐ Wholesale ☐ Manufacturing ☐ Service
☐ Other. Please describe in detail

Standard Industrial Classification (SIC) 711320 - PROMOTERS OF EVENTS OR PRODUCTS

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I FURTHER ACKNOWLEDGE THAT NO LICENSE SHALL BE ISSUED UNTIL ALL APPLICABLE CITY AND STATE CODE APPROVALS AND PERMITS HAVE BEEN PRESENTED TO THE TAX COLLECTOR AND ALL FEES HAVE BEEN PAID. FAILURE TO PAY FEES AND/OR PENALTIES WHEN DUE MAY RESULT IN GARNISHMENT, ATTACHMENT OF BANK ACCOUNT OR LEVY.

Signature

Title

DO NOT DETACH DO NOT DETACH DO NOT DETACH DO NOT DETACH DO NOT DETACH

VISIONS ENTERTAINMENT COMPLEX INC

Name

306442

License No

2013-2014

License Year

Approved By: *Am*